

L130000121902

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B. BOSTICK

OCT 29 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENGO FASHIONS LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MEHMET BENGOGoulARI

(Contact Person)

BENGO FASHIONS LLC

(Firm/Company)

PO BOX 717

(Address)

LYNN HAVEN, FL 32444

(City/State and Zip Code)

For further information concerning this matter, please call:

MEHMET BENGOGULARI

(Name of Contact Person)

at

850 5223390

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
OCT 28 AM 11:34
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BENGO FASHIONS LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L13000121902

4. I, FATIH U SUBASI, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in cursive script, appearing to read "Fatih U Subasi", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)